

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>10738</b>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Denny E Cregut  P.O. Box, Bldg., Room No., if any  Street 605 North Main Street  City Houston  State Pennsylvania ZIP Code + 4 15342	4. Name, file number, and address of labor organization.  Name United Steelworkers Local 14693  Labor Organization File Number 029-062  P.O. Box, Building and Room Number, if any  Street 451 Adams Avenue  City Canonsburg  State Pennsylvania ZIP Code + 4 15317
5. Position in labor organization. Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 5/11/2005	724-746-1092
	Date	Telephone Number



## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Highmark Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 120 Fifth Avenue

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222-3099

14.a. Nature of payment.

8-30-05 attended golf outing hosted by Highmark which contained a presentaion of current issues of importance to Highmark and it,s customers. plus I won an individual prize

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

\$331

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing Denny Cregut	File Number U-
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**Part C Continuation Page**

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Highmark Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 120 Fifth Avenue  City Pittsburgh  State Pennsylvania ZIP Code + 4 15222-3099	<b>14.a. Nature of payment.</b>  Attended a meeting with Highmark Reps about improving service especially to retirees attended Pittsburgh Penguin game. Took a retiree. with me.
<b>13.b. Is the Business an Employer</b> or Consultant <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  <div align="right">1170</div>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer</b> or Consultant ?	<b>14.b. Amount of payment.</b>

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<b>13.b. Is the Business an Employer</b> or Consultant ?	<b>14.b. Amount of payment.</b>